

VIRGINIA DEPARTMENT OF SOCIAL SERVICES
DIVISION OF LICENSING PROGRAMS

**PART II: PROGRAM ADDENDUM TO APPLICATION FOR LICENSURE OF
A FAMILY DAY SYSTEM**

NAME OF FAMILY DAY SYSTEM: _____

OPERATING INFORMATION
Name of the Director: _____ Title _____ Phone _____ Fax Number _____ Email _____

SYSTEM HOMES

Number of Homes to be Approved: _____

Counties and Cities Where Homes will be Located: _____

TYPE OF CARE TO BE OFFERED OR CURRENTLY OFFERED:

Age Group	Half Day Care	Full Day Care	Before and After School Care	Evening Care 7 pm-1 am	Overnight Care After 1 am	TOTAL
Infants and Toddlers (under 2)						
Preschool: 2 yrs						
Preschool: 2-5 years						
School Age: 6-9 years						
School Age: 10- 14 years						
TOTALS						

REQUIRED ATTACHMENTS FOR INITIAL APPLICATION	
1.	Statement of Written Goals and Objectives
2.	A statement or chart regarding organization of the management staff, with information showing who is responsible for policy, operation and management decisions.
3.	For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Sworn Disclosure Statement completed within the last 90 days.
4.	For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Criminal History Record Report obtained from the state police within the last 90 days.
5.	For each individual listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the Child Protective Services Central Registry Check obtained from the Virginia Department of Social Services within the last 90 days.
6.	Staff Information Sheet listing all staff employed and volunteering in the family day system. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).
7.	Name of the management company that operates the agency, if other than the licensee.
8.	All written job descriptions for system staff.
9.	Copies of policies and procedures relating to the operation of the system, personnel, and to member homes.
10.	Copies of all forms used by system (if different from the model forms provided by the Department of Social Services) especially those used in homes' records and those used in children's records
11.	Copies of any brochures
12.	Description of method of transportation, if transportation provided
13.	Written schedule of payments to be made to homes that are members of the system. This schedule shall specify the amount of payment, conditions of payment and frequency of payment.

REQUIRED ATTACHMENTS FOR RENEWAL APPLICATION	
1.	Written Goals and Objectives, if changed since previous license issued <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
2.	If changed since the previous license was issued, a statement or chart regarding the organization of the management staff, with information showing who is responsible for policy, operation and management decisions. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
3.	Staff Information Sheet listing all staff employed and volunteering in the family day system. (In addition to executive, administrative, supervisory, and child-placing staff, this list must include but is not limited to student interns, trainees, mentors, transporters, recruiters, trainers, clerical support, etc. Please include full-time, part-time, and contract workers).
4.	Written job descriptions for system staff, if changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
5.	For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Sworn Disclosure Statement.
6.	For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Criminal History Record Report obtained from the state police.
7.	For any individuals listed in Part I, Section 2 of the application (Type of Business Entity), a copy of the most recent Child Protective Services Central Registry Check obtained from the Virginia

Department of Social Services.
8. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), reference letters dated no more than 12 months prior to this application from three people not related to the person who can certify to his/her character and reputation. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
9. For any new individuals listed in Part I, Section 2 of the application (Type of Business Entity), Personal Qualifying Information Form if within the last 10 years the individual served as a voting officer, director, or principal stockholder in any child-welfare, assisted living, adult day care center, nursing home or mental health facility, program or agency requiring licensure in Virginia or in any other state. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
10. If a management company operates the agency rather than the licensee, the name of the new management company if changed since the agency's last license was issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
11. Copies of any policies and procedures relating to the operation of the system, personnel, and to member homes that have changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
12. Copies of new or revised forms (if different from the model forms provided by the Department of Social Services) <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
13. Copies of new or revised Brochures (if any) <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
14. Written schedule of payments to be made to homes that are members of the system, if changed since previous license issued. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
15. Description of any change to the method of transportation, if transportation provided. <input type="checkbox"/> No Change <input type="checkbox"/> Change previously reported
16. Directory of approved homes that are members of the system.